

areas was red and shining, and did not pit. Nothing remarkable in the nasal fossæ in the ear, or eye, except a slight hyperemia of the palpebral conjunctiva. The tongue was moist, not coated or swollen. The gums were slightly swollen and spongy. Nothing in the pharynx. The soft structures of the hands were the seat of a hard and elastic swelling which did not pit nor retain the imprint of the compressing finger. This was most marked over the thenar and hypothenar eminences, at the level of the pulps of the finger-tips and over the palmar surface of the phalanges, while the dorsal surface showed almost nothing. The skin of the hand was pallid, slightly cyanotic, moist and cold. Over the thenar and hypothenar eminences were noted darkish-red and livid punctate spots as large as the head of a pin, which did not disappear on pressure. No trophic disturbance in the nails. The palms of the hands as well as the palmar surface of the fingers was the seat of a constant and annoying formication, which at times assumed a burning character and was subject to variations in intensity without reference to the time of day. The forearm was never invaded. In the feet the same annoying sensations were felt as on the hands, and although the skin was pallid and cyanosed, cold and moist, it was without obvious swelling or ecchymosis. Sensation was absolutely normal throughout except the thermic; cold being perceived better than heat. Nothing was found in the internal organs except a very slight souffle with the first sound at the apex of the heart, with accentuation of the second sound at the base. No abnormality of the urine.

All these manifestations persisted more or less constantly for nearly a month, eruption succeeding eruption over various areas of the body. At this time the patient eloped.

In the matter of pathology Ferrio thinks that the changes are to be sought in the peripheral nerves, and that they probably consist of slight interstitial or perineuritic infiltrations. He regards the preservation (in most cases) of the functions of motility and sensation as evidence of the integrity of the axis cylinder. From the data collected as to the age, sex, occupation, etc., of the persons affected, he finds that the condition comes on most frequently between the ages of 25 and 50, rarely appearing after this time, and never occurring before the twentieth year. The female sex represents nine-tenths of the reported cases, the trouble attacking washerwomen and domestics more especially, but at times even the leisure classes. Among the causes, come diseases affecting the general nervous tone, and local excitants, such as alternating heat and cold. The disturbance often has a gradual onset, but at times appears suddenly. Among the curative agents recommended are electricity and massage, rest and tonics. The bowels should be carefully regulated.

COURTNEY.

190. UEBER DEN GEGENWAERTIGEN STAND DER LEHRE VON DER COMMOTIO SPINALIS. (On the Present State of Opinion with regard to Spinal Commotion.) Schmaus. (Münchener med. Woch. 1899, p. 75.)

Reviewing the results of clinical and experimental researches by himself and others, the author draws the following conclusions:

1. Concussion of the spinal cord is to be distinguished from concussion of the vertebral column, since in the latter case the symptoms may depend upon direct injury of the cord or the nerve roots, and not upon true "commotio spinalis."
2. The view that there exists a true condition of spinal commotion (in the strict sense), has lost ground of late years, since there is no record of a case (in the human subject) which has been confirmed on autopsy.

3. We are not yet in a position, however, to absolutely reject all cases hitherto reported as examples of this condition.

4. The occurrence of a direct traumatic neurosis of nerve elements, through a "commotion," is experimentally confirmed, and seems calculated to explain certain facts which the reference of the lesion to direct injury of the cord leaves unexplained.

5. To tearing of the tissues through sudden gush of the cerebro-spinal fluid produced by the concussion, an important influence is to be attributed.

ALLEN.

191. RAPPORT ENTRE LA MALADIE DU SOMMEIL ET LE MYXŒDÈME.) Relations between Sleeping Sickness and Myxœdema.) E. Regis and N. Gaide. (*La Presse médicale*. 1898, 81, p. 193.)

The patient, a negro in one of the French Soudanese regiments, had been transferred to the hospital on account of an irresistible tendency to sleep. This condition had persisted for three months. It commenced with severe frontal and supra-orbital pains, some vertigo, and weakness of the lower extremities. The patient's character was altered. He became irritable, melancholic, and solitary. The pupils were contracted and unequal, and reacted slowly to light and accommodation. There was salivation, some impairment of hearing, and tinnitus. The lymphatic glands were enlarged, the patient was considerably emaciated; all the reflexes were abolished, the pulse was regular, about 50 per minute, and the temperature in general sub-normal. From time to time there was a tremor of the right side of the body, which occasionally became exaggerated into a convulsion. He was placed upon thyroid extract, which in the course of three days produced a very remarkable amelioration in his condition. The headache disappeared almost completely, the condition of torpidity diminished, the diuresis diminished, and the patient expressed a desire to take exercise. On the fourth day, however, he was seized with a very severe convulsion and died. This treatment was suggested by the analogies that Gaide observed between the cretins in Savoy and other cases of sleeping sickness that he had seen in the French Soudan. It appears that this disease belongs to the toxic infectious group. The enlargement of the thyroid and lymphatic glands appears to be secondary and not primary.

SAILER.

192. REMARKS ON THE DIFFERENTIAL DIAGNOSIS OF INSULAR SCLEROSIS FROM HYSTERIA. Thomas Buzzard. (*British Medical Journal*, No. 2001, p. 1077, May 6, 1899.)

The author says that the most frequent of all modes by which insular sclerosis is ushered in is by a loss of power, often of very sudden origin, being complained of in one of the limbs. This may or may not be accompanied or preceded by a feeling of "numbness" or "tingling." The loss is only partial; the patient lets things drop from the hand, perhaps, or what is still more common, in the course of a walk drags one of the legs. The limb, however, is still employed, though awkwardly. It is not uncommon for this to occur in the sequel of a strong mental emotion, and it is very likely that in the course of some days or in a few weeks the power is regained. In these circumstances, especially if the patient be a young woman, the symptoms are pretty sure to be set down to hysteria.

In not a few cases an occurrence of squinting (paresis of an external ocular muscle) ushers in the disease, and the attacks of this kind are usually transitory, like those of the extremities. This is a symptom which, according to the author's experience, is not one of hysteria.

It sometimes happens that blurring of the sight in one eye, which may go on to considerable loss of vision, is the first symptom, or it may